

Office of Quality and Patient Safety Statewide Planning and Research Cooperative System (SPARCS) Invoice						
APPLICANT INFO	Organization: Data Request Number:	Invoice Number: Invoice Date:				
	First Year – Last Year	invoice bate.	Year(s)			

				\$/Year	Subtotal
CLAIMS	Inpatient Master	□ Inpatie	ent	\$700	
	Outpatient Master	□ Outpat	ient	\$1,000	
		□ Emerg	ency	\$300	
		Depart			
		Ambula	atory Surgery	\$200	
IDENTIFIABLE	Dates	☐ Unenci	rypted	\$400	
DATA	Includes: Accident Related Date, Admission Date, Statement From Date, Statement Thru Date,				
ELEMENTS	Occurrence Date, Occurrence Span From Date,				
	Occurrence Span Through Date, Procedure Date,				
	Date of Service  Date of Birth	Ilnone	un un to al	\$50	
	Date of Birtii		crypted	\$50 \$50	
	Address	☐ Encry		\$150	
	Includes: Patient Street Address Line 1, Patient	Unend	rypted	\$150	
	Street Address Line 2, Patient Zip Code				
	Extension, Subscriber Zip Code			<b>0.450</b>	
	Numbers Includes: Medical Record Number, Mothers	□ Unend	rypted	\$150	
	Medical Record Number (for newborn), Patient	Encry	nted	\$150	
	Control Number, Previous Patient Control Number		oled	Ψίσσ	
	Policy Numbers	□ Unenc	erunted	\$200	
	Includes: Subscriber Group Number, Member	□ Unencrypted		ΨΖΟΟ	
	Identification Number, Service Provider Employer	□ Encry	oted	\$200	
	Identification Number, Insurance Policy Number, Subscriber Group Number, Subscriber Group				
	Name, Subscriber Member Identification Number				
	Unique Personal Identifier		Unencrypted		
		□ Enhan	□ Enhanced Encrypted		
		☐ Encry		\$0	
ADDITIONAL CHARGES	SPARCS Linkage		tatistics		
		Persor	nal Cohort		
SUBTOTAL	Amount Per Year of Data				\$
	Amount/Year x Number of Years				\$
DISCOUNTS	Exempt Facility		No Charge		
	Non-Profit Organization		50%		
	Student Researcher		50%		
	Non-Profit Organization & Student Rese	75%			
	Miscellaneous:				
				Total	